many indigent patients used the kindly health-center building as a sort of social and gossiping center, a proposition was, therefore, made to the County Board of Supervisors that treatment no longer be given in hospitals, but in the offices of the physicians. On August 1, 1933, this new method was inaugurated at San Fernando, for a ninety-day trial; and on its recognition as a seeming improvement, it took on a more expanded and permanent form, six of the remaining districts also coming under its regulations. In this new method, physicians were compensated (supposedly for the use of office and equipment) at the rate of 50 cents for each office visit, while for home visits a rate of $1.50 plus mileage was allowed. In 1934, it was estimated that the average cost per office call was $1.236, and a year later, in December, 1935, the county paid to physicians a total of $38,782 to cover 22,951 office calls and 1,796 trips to patients' homes.

* * *

A Recent Survey of the San Fernando Plan. Attention is again called to the San Fernando plan, not only because of the publicity given to it within and without the state, but also since the Department of Budget and Research of the County of Los Angeles has just brought off the press a report of 200 pages dealing largely with the scheme's workings. In this report it is estimated that an annual saving of something like $153,748 could be made, if certain modifications of the plan were instituted. The present annual cost of $621,308, for example, is divided between $355,308 for administrative personnel and an estimated $266,000 for office treatments; whereas it is believed that a saving of $20,748 would result on administrative personnel, and quite $133,000 on office treatments.

This lesser estimated cost of office treatments is based on a proposed method to greatly reduce the number of physicians on San Fernando panels, thus practically approximating full-time medical employees to give treatments in the health centers, or in emergency work, or in house visitations. The report also expresses the opinion that the San Fernando plan, as conducted in the past, is in violation of the county charter, the Research Department critics contending that panel physicians should be civil service employees.

Whatever one thinks of the foregoing propositions, some of the other suggestions of the Department of Research and Budget are of merit, and might well be adopted, although, for lack of space, they will not be discussed here.

* * *

Is the San Fernando Plan, as Now in Operation, or Modified as Proposed, Desirable?—To most physicians, the question must naturally arise as to whether it is wise to publicize treatment plans incorporating a compensation table of fifty cents per office visit. Many laymen, upon learning of such a rate, are apt to draw the conclusion that adequate and scientific medical service can be economically rendered by physicians on that basis, forgetting that in all such plans as the San Fernando, the physicians in attendance, who also have private practice, must necessarily donate of both their office facilities, and their time and services, at that lower rate of pay.

In other words, is not such publicity a detriment to established scientific practice in medicine, and, if so, would it not be a wiser plan to have all curative work carried on under the immediate jurisdiction of the parent institution, the Los Angeles County Hospital, and through its full-time, salaried medical personnel? In the long run, which is the better method?

The study of the Department of Budget and Research is a valuable report, and should receive due and careful consideration by all the interests involved.

ON HOSPITAL SERVICE IN THE UNITED STATES

Why Hospital Surveys Are of Interest.—Just when plans for hospitalization and medical service, operating under the sponsorship of physicians and hospitals and to the number of more than two hundred, are being thoroughly tested in different parts of the United States, and when, at the same time, lay and political propagandists are continuing throughout the Union their efforts to bring about the enactment of laws that would lay the foundation for compulsory health insurance and state medicine, it may not be out of place to review some of the facts having to do with hospital service in the United States.

Fortunately, accurate statistics on hospital standards and facilities are available, the American College of Surgeons having started its surveys in 1918, and the Council on Medical Education and Hospitals of the American Medical Association in 1921—the College having for the year 1935 an "approved" group of 2,266 out of 3,565 institutions surveyed in the United States and Canada, and the American Medical Association placing 6,246 hospitals, located in the United States, on its "registered" list; 564 institutions (representing 1 per cent of the total capacity of all hospitals) having been refused such registration recognition.

* * *

American Medical Association Standards for Hospital Registration.—Among such registration stipulations laid down by the American Medical Association are the following:

Organization. — The organization should consist of a board of trustees or other supreme governing body having final authority and responsibility, and an executive officer or superintendent to carry out the policies adopted by the governing body. The executive officer should be assisted by adequate competent personnel.

Regardless of the form of organization, the hospital should function primarily in the interests of the sick and injured of the community. . . .

Pathology.—All tissues removed in the operating room should be examined, described, and diagnosed by a competent pathologist, excepting tissues such as tonsils and teeth, in which the pathologic changes are quite obvious.

A physician-pathologist should be employed on a full-time or part-time basis. When this is not practicable, arrangements should be made with a consulting pathologist for tissue-diagnosis, postmortem work and the interpretation of the more complicated tests and determinations in

clinical and surgical pathology, as well as in general clinical laboratory work. The pathologist preferably should be one listed by the Council on Medical Education and Hospitals of the American Medical Association. . . .

Autopsies.—Every effort should be made to secure consent for autopsies, which should be performed by a pathologist or the best qualified other physician available.

Radiology.—The hospital should provide or have ready access to radiologic equipment and service. When a full-time or part-time physician roentgenologist cannot be employed, the services of such a consultant should be secured. Radiologic interpretations must be made only by a competent roentgenologist. A description of the roentgenologic examinations should be placed in the patient's chart. The physician-roentgenologist preferably should be one listed by the Council on Medical Education and Hospitals of the American Medical Association. . . .

Ethics.—In order that a hospital may be eligible for registration it will, of course, be expected that the staff and management conform to the principles of medical ethics of the American Medical Association with regard to advertising, commissions, division of fees, secret remedies, extravagant claims, overcommercialization, and in all other respects.

* * *

Minimum Standards of American College of Surgeons.—The American College of Surgeons has somewhat similar standards, among which are these:

1. That physicians and surgeons privileged to practice in the hospital be organized as a definite group or staff. Such organization has nothing to do with the question as to whether the hospital is "open" or "closed," nor need it affect the various existing types of staff organization. The word *staff* is here defined as the group of doctors who practice in the hospital, inclusive of all groups such as the "regular staff," the "visiting staff," and the "associate staff."
2. That membership upon the staff be restricted to physicians and surgeons who are (*a*) full graduates of medicine in good standing and legally licensed to practice in their respective states or provinces, (*b*) competent in their respective fields, and (*c*) worthy in character and in matters of professional ethics; that in this latter connection the practice of the division of fees, under any guise whatever, be prohibited.
3. That the staff initiate and, with the approval of the governing board of the hospital, adopt rules, regulations, and policies governing the professional work of the hospital. . . .
4. That accurate and complete records be written for all patients and filed in an accessible manner in the hospital. . . .
5. That diagnostic and therapeutic facilities under competent supervision be available for the study, diagnosis, and treatment of patients, these to include at least (*a*) a clinical laboratory providing chemical, bacteriological, serological, and pathological services, and (*b*) an x-ray department providing radiographic and fluoroscopic services.
6. That there shall be a properly organized nursing department under competent supervision and direction for the administration of the nursing service.

* * *

Annual Surveys an Incentive to Hospital Improvement.—A perusal of the above requirements, laid down by the two organizations—the American Medical Association and American College of Surgeons—which have been largely responsible for the phenomenal betterment of standards that has taken place in American hospitals during the last twenty years, reveals the phases of hospital service particularly stressed.

Today, members of the medical profession and patients alike expect to find hospitals measuring up to the standards established during the last two decades; and it may be affirmed that these two professional and lay groups are not satisfied with anything less.

Hospitals, in one sense, are high-class hotels catering to sick and injured persons, and possessing administrative, medical, nursing and other services and facilities, by means of which the attending physician is enabled to supervise the care of his patients with greater efficiency, and through which such patients are given a far better chance for earlier restoration of health than would be possible in the ordinary home.

* * *

Hospital Data of the American Medical Association Council on Hospitals.—The 6,246 hospitals have 1,076,350 beds and 53,310 bassinets, the average number of beds not used being 199,661, of which latter number 144,880 were credited to "general hospitals."

These general hospitals accepted 6,867,870 patients, or 89.07 per cent of the 7,709,942 patients admitted to all hospitals. . . . The average length of stay per patient in general hospitals was fourteen days. . . . There are 4,364 hospitals that have their own laboratories, 3,115 of which are directed by physicians, while 275 registered have nurses for directors. . . . Roentgen-ray departments were reported by 4,698 hospitals, with 3,686 physician-directors and 278 nurse-directors.

California is credited with 368 registered hospitals, 64,315 beds and 3,602 bassinets, and a total of 487,433 admissions, with an average census of 53,895.

California also has twenty federal hospitals, with 1,831 beds; sixteen state hospitals, with 21,326 beds; sixty-one county hospitals, with 17,339 beds; one city hospital, with ninety beds, and three city-county hospitals, with 2,174 beds; making a total of 101 governmental hospitals in California alone, with 47,578 beds, of which 44,415 are practically in constant use.

The total number of nongovernmental institutions for the sick in California is divided as follows: Forty church hospitals, with 4,598 beds; five fraternal, with 675 beds; sixty-one "nonprofit corporations or associations," with 5,017 beds; these together making a total of 106 nonprofit hospitals, with 10,290 beds, of which 6,235 are ordinarily occupied. In addition, the state has 161 proprietary hospitals, with 6,447 beds, of which 3,245 are in use.

* * *

Amount of Capital Investment in the Hospitals of the United States.—It has been estimated that the registered hospitals in the United States represent a capital investment of more than three billion dollars, a sum which places hospital plant and equipment among the half-dozen major capital outlays of the Union. The per-bed investment runs from $2,500 (for chronic diseases) to $10,000 (for acute illnesses), making an average of about $5,000 per bed.

Federal and state hospitals are devoted largely to the care of mental and tuberculosis patients.

The endowment resources of nongovernmental hospitals are limited to a few institutions only, and

is so inconsequential that, if distributed among all the hospitals of the country, "would provide about $0.08 per patient-day toward operating costs."

The above figures, taken from the survey reports to the American Medical Association, the American College of Surgeons and other sources, indicate what a large place hospitals have in the lives of both physicians and patients, and why proposals for hospitalization and medical service on a periodic-payment basis must give consideration to these institutions, since, necessarily, they are important elements in all such plans.

CHIROPRACTIC: A LEGAL OPINION ON ITS THERAPEUTIC SCOPE*

The Opinion Handed Down by Judge John J. Van Nostrand.—In the department for Original Articles, on page 419 of this issue of CALIFORNIA AND WESTERN MEDICINE, will be found an opinion rendered by the Honorable John J. Van Nostrand of the Superior Court of California, in and for the City and County of San Francisco, in which Citizen M. James McGranaghan, who holds himself before the public both as a chiropractor and an attorney-at law, sought to have the Court determine the diagnostic and treatment scope of his chiropractic license.

* * *

How Chiropractor McGranaghan Placed Himself on Trial.—In order to bring his case before the courts, the plaintiff, McGranaghan, alleged his license allowed him to do most of the things embraced in the practice of medicine. Chiropractor Berger intervened, claiming such a license permitted only a lesser scope of activity.

The People of the State of California, through Attorney-General U. S. Webb, also intervened, asking the court to determine, not who was right, but *what* was right.

Attorney-General Webb contended both parties sought to do more than the Chiropractic Act permitted its licentiates to do.

After a trial lasting approximately two months, during which the People's case was presented by Deputy Attorney-General Lionel Browne, the court determined neither chiropractor could perform the acts which they sought to perform. Most of the things they tried to do were held to come within the domain of medical practice.

Excerpts from the brief submitted by Attorney-General Webb and Deputy Attorneys-General Leon French and Lionel Browne are printed on page 414 of this issue.

* * *

The Decisive Nature of the Van Nostrand Opinion.—In the opinion which was handed down on September 28, 1936, Judge Van Nostrand states:

> I am not in accord with the position assumed by the plaintiff herein as to the unconstitutionality of the words "Materia Medica," for they have a well-defined and recognized meaning, and have been frequently used by the courts of this state, and consequently I hold that the chiropractor has no right to administer or prescribe drugs or medicines. . . .
>
> Such appliances or agencies as the chiropractic table, chiropractic hammer, and towels and other instrumentalities as are purely sanitary, do not violate the statute; but the use of the various therapeutic agencies, such as electrotherapy, hydrotherapy, colonic therapy, etc., are embraced in the practice of medicine and, therefore, forbidden to chiropractors.

To many readers, the opinion of the Honorable William P. James of the Superior Court of San Jose, to be found on page 142 in the February, 1934, issue of CALIFORNIA AND WESTERN MEDICINE, in a case reversed for technical reasons, may be of special interest, because of a point of view similar to that of Judge Van Nostrand.

* * *

Thirty-five Hundred California Chiropractors Also Should Be Interested.—The Chiropractic Practice Act became a law by initiative vote of the California electorate in 1922, and since that date the Chiropractic Board has licensed almost 3,500 practitioners of that cult. It is a hopeful sign that a higher court has seen fit to define the limitations of the law. It may be of interest to note to what extent chiropractors will abide thereby. It is not known, at the time of this writing, whether an appeal will be taken.

"PACIFIC COAST ABORTION RING"

A Recent Exposé.—Reference to the column assigned to the California State Board of Medical Examiners, on page 448 in this number of the Official Journal, discloses a series of newspaper items concerning what the press has styled a "tri-state illegal operations syndicate," referring to Washington, Oregon and California. The parties accused of the guilty acts, having been haled into court, are on trial before the Honorable Arthur Crum, judge of the Superior Court for the County of Los Angeles. Because of the astounding nature of the evidence which has been submitted, the case has received much mention in the newspapers.

The "syndicate" secured, among other activities, the coöperation of a former enforcement officer of the California Board of Medical Examiners, now for the time being committed to jail by the Court because of his efforts to intimidate witnesses for the State.

* * *

Brazenness of the Group.—The leaders of the syndicate, indeed, became so brazen that they even gave defiance to the California Examining Board, in the belief that the safeguards and loopholes, which their legal counselors had advised them to use in their operations, would be sufficient to protect them from attack by the State's authorities. The syndicate's plan of operation was originally conceived by a lay citizen of the State of Washington, a lumberman who went so far as to create a "Medical Acceptance Corporation" (after the style of automobile financing agencies); so that payments, with rates of interest appropriate under the circumstances, might be secured from

* The brief submitted by Attorney-General U. S. Webb appears on page 414; the legal opinion handed down by Judge John J. Van Nostrand is given on page 419. Both articles are worthy of perusal by all licentiates.